

fallon community health plan, inc.

**fallon senior plan premier
schedule of benefits**

This *Schedule of Benefits* is part of your
2009 Fallon Senior Plan Premier Evidence of Coverage.
It describes your costs for health care.

You are a member of Fallon Senior Plan™ through an employer group. Under this group plan, you have copayments that are different from those shown in your *2009 Fallon Senior Plan Premier Evidence of Coverage*. The information in this document replaces any information in your *Evidence of Coverage* that conflicts with it. If you have any questions about your benefits, please call Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677). Calls to these numbers are free.

- You have a \$10 copayment for office visits.
- You have a \$10 copayment for urgent care visits.
- You are covered for an unlimited number of days of inpatient mental health care in an acute care hospital, or in a psychiatric hospital.
- You have a \$10 copayment for Tier-1 prescription drugs, a \$20 copayment for Tier-2 prescription drugs, and a \$40 copayment for Tier-3 prescription drugs, for up to a 30-day supply.
- You have a \$20 copayment for Tier-1 prescription drugs, a \$40 copayment for Tier-2 prescription drugs, and an \$80 copayment for Tier-3 prescription drugs, for up to a 90-day supply through a mail-order pharmacy.
- You have no comprehensive preventive dental coverage.
- You have a hearing aid allowance of up to \$1,700 in each 24-month period.

The following changes apply to the Benefits Chart of your *2009 Fallon Senior Plan Premier Evidence of Coverage*:

Benefits chart – your covered services	What you must pay when you get these covered services
Outpatient Services	
Inpatient mental health care <i>For inpatient mental health care to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</i> Includes mental health care services that require a hospital stay. You are covered for an unlimited number of days of inpatient mental health care in an acute care hospital, or in a psychiatric hospital.	There is no copayment for inpatient mental health admissions.

Benefits chart – your covered services	What you must pay when you get these covered services
<p>Hospice care You may receive care from any Medicare-certified hospice program. The Original Medicare Plan (rather than our Plan) will pay the hospice provider or an out-of-network provider. You will still be a plan member and will continue to get the rest of your care that is unrelated to your terminal condition through our Plan.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Drugs for symptom control and pain relief, short-term respite care, and other services not otherwise covered by the Original Medicare Plan • Home Care <p>Our Plan covers hospice consultation services (one-time only) for a terminally ill person who hasn't elected the hospice benefit.</p>	<p>\$10 office visit copayment may apply for hospice consultation services.</p>
<p>Physician services, including doctor office visits <i>For some office visits (other than office visits to your PCP) and outpatient services to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan. For more information, see Section 2.</i></p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Office visits, including medical and surgical care in a physician's office or certified ambulatory surgical center • Consultation, diagnosis, and treatment by a specialist • Hearing and balance exams, if your doctor orders it to see if you need medical treatment • Telehealth office visits including consultation, diagnosis and treatment by a specialist • Second opinion by another plan provider prior to surgery • Outpatient hospital services • Non-routine dental care (covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a doctor). For information on coverage for routine dental care, see page 92. 	<p>You pay a \$10 copayment for each office visit for Medicare-covered services.</p> <p>There is no copayment for Medicare-covered outpatient surgery in an ambulatory surgical center or hospital outpatient facility.</p>

Benefits chart – your covered services	What you must pay when you get these covered services
<p><i>Physician services, including doctor office visits, continued</i></p> <ul style="list-style-type: none"> • Infertility services <i>(For infertility services to be covered, your PCP or other plan provider must get prior authorization – approval in advance – from the plan.)</i> <ul style="list-style-type: none"> – Office visits for the diagnosis and treatment of infertility. – Diagnostic laboratory and X-ray services. – Artificial insemination. – In vitro fertilization and embryo placement. – Gamete intrafallopian transfer. – Zygote intrafallopian transfer. – Sperm, egg and/or inseminated egg procurement and processing, and banking of sperm or inseminated eggs to the extent that such costs are not covered by the donor's insurer. • Reconstructive surgery <i>(For reconstructive surgery to be covered, your PCP or other plan provider must get prior authorization – approval in advance from the plan.)</i> <ul style="list-style-type: none"> – Surgery for post-mastectomy patients for reconstruction of the breast on which the mastectomy was performed. – Surgery and reconstruction of the other breast to produce a symmetrical appearance. – Treatment for any physical complications resulting from the mastectomy including lymphedema 	
<p>Chiropractic services</p> <p><i>For chiropractic visits beyond the fifth visit to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</i></p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Manual manipulation of the spine to correct subluxation. 	<p>You pay a \$10 copayment for each Medicare-covered office visit for chiropractic services.</p>

Benefits chart – your covered services	What you must pay when you get these covered services
<p>Podiatry services</p> <p><i>For podiatry services to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</i></p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Treatment of injuries and diseases of the feet (such as hammer toe or heel spurs). • Routine foot care for members with certain medical conditions affecting the lower limbs. 	<p>You pay a \$10 copayment for each Medicare-covered office visit for podiatry services.</p>
<p>Outpatient mental health care (including Partial Hospitalization Services)</p> <p><i>For partial hospitalization services to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</i></p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Mental health services provided by a doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other Medicare-qualified mental health care professional as allowed under applicable state laws. "Partial hospitalization" is a structured program of active treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization. 	<p>You pay a \$10 copayment for each Medicare-covered individual or group therapy visit for mental health care.</p> <p>There is no copayment for Medicare-covered partial hospitalization services.</p>
<p>Outpatient substance abuse services</p>	<p>You pay a \$10 copayment for each Medicare-covered individual or group visit for substance abuse services.</p>
<p>Outpatient surgery (including services provided at ambulatory surgical centers)</p> <p><i>For outpatient surgery to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</i></p>	<p>There is no copayment for each Medicare-covered outpatient surgery in an ambulatory surgical center or hospital outpatient facility.</p> <p>You pay a \$10 copayment for each Medicare-covered office visit for outpatient surgery.</p>

Benefits chart – your covered services	What you must pay when you get these covered services
Urgently needed care For more information, see Section 2.	You pay a \$10 copayment for each urgent care visit.
Outpatient rehabilitation services <i>For physical, occupational and speech and language therapy visits beyond the sixth visit to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</i> Covered services include: physical therapy, occupational therapy, speech and language therapy, and cardiac rehabilitative therapy.	You pay a \$10 copayment for each Medicare-covered physical, occupational or speech and language therapy visit. There is no copayment for Medicare-covered cardiac rehabilitation therapy.
Diabetes self-monitoring, training and supplies – for all people who have diabetes (insulin and non-insulin users). <i>For diabetes self-monitoring supplies to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</i> Covered services include: <ul style="list-style-type: none"> • Blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions for checking the accuracy of test strips and monitors. • One pair per calendar year of therapeutic shoes for people with diabetes who have severe diabetic foot disease, including fitting of shoes or inserts. • Self-management training is covered under certain conditions. • As needed for persons at risk of diabetes: Fasting plasma glucose tests. Note: Syringes and insulin (unless used with an insulin pump) are covered under the Fallon Senior Plan Premier outpatient prescription drug benefit.	There is no copayment for diabetes self-monitoring training and supplies. \$10 office visit copayment applies.
Medical nutrition therapy – for people with diabetes, renal (kidney) disease (but not on dialysis), and after a transplant when referred by your doctor.	You pay a \$10 copayment for each Medicare-covered visit for medical nutrition therapy

Benefits chart – your covered services	What you must pay when you get these covered services
<p>Outpatient diagnostic tests and therapeutic services and supplies</p> <p><i>For CT scans, PET scans, MRIs and nuclear studies to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</i></p> <p>Covered services include:</p> <ul style="list-style-type: none"> • X-rays • Radiation therapy <ul style="list-style-type: none"> – CT scans – PET scans – MRIs – Nuclear studies • Surgical supplies, such as dressings • Supplies, such as splints and casts • Laboratory tests • Blood – including storage and administration. Coverage begins with the first pint of blood that you need. • Other outpatient diagnostic tests. 	<p>There is no copayment for the following Medicare-covered services:</p> <ul style="list-style-type: none"> - clinical/diagnostic lab services - radiation therapy <p>\$10 office visit copayment applies.</p>
<p>Vision care</p> <p><i>For treatment of diseases or injuries of the eye to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</i></p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Outpatient physician services for eye care. • For people who are at high risk of glaucoma, such as people with a family history of glaucoma, people with diabetes, and African-Americans who are age 50 and older: glaucoma screening once per year • One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of a monofocal intraocular lens. Corrective lenses/frames (and replacements) needed after a cataract removal without a lens implant. Note: Multifocal or presbyopia-correcting intraocular lenses are not covered. 	<p>You pay a \$10 office copayment for each Medicare-covered office visit for eye care.</p> <p>You pay a \$10 office copayment for each routine eye exam.</p> <p>There is no copayment for:</p> <ul style="list-style-type: none"> - Medicare-covered standard lenses and frames following cataract surgery

Benefits chart – your covered services	What you must pay when you get these covered services
<p><i>Vision care, continued</i></p> <ul style="list-style-type: none"> • Routine eye exam, once in each 24-month period. (As explained in Section 2, you can get this service on your own, without a referral from your PCP, as long as you get it from a plan provider.) • Eyewear allowance of up to \$150 in each 24-month period for eyewear. You pay 100% of the cost for any amount over \$150 in each 24-month period. 	
Preventive Care and Screening Tests	
<p>Abdominal Aortic Aneurysm Screening</p> <p>A one-time screening ultrasound for people at risk. Medicare only covers this screening if you get a referral for it as a result of your “Welcome to Medicare” physical exam.</p>	<p>There is no copayment for abdominal aortic aneurysm screening.</p> <p>\$10 office visit copayment applies.</p>
<p>Colorectal screening</p> <p>For people 50 and older, the following are covered:</p> <ul style="list-style-type: none"> • Flexible sigmoidoscopy (or screening barium enema as an alternative) every 48 months • Fecal occult blood test, every 12 months <p>For people at high risk of colorectal cancer, we cover:</p> <ul style="list-style-type: none"> • Screening colonoscopy (or screening barium enema as an alternative) every 24 months <p>For people not at high risk of colorectal cancer, we cover:</p> <ul style="list-style-type: none"> • Screening colonoscopy every 10 years, but not within 48 months of a screening sigmoidoscopy 	<p>There is no copayment for colorectal screening procedures.</p> <p>\$10 office visit copayment applies.</p>
<p>Immunizations</p> <p><i>For immunizations (other than the pneumonia vaccine, flu shots and Hepatitis B vaccines) to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan.</i></p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Pneumonia vaccine • Flu shots, once a year in the fall or winter • Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B • Other vaccines if you are at risk 	<p>There is no copayment for Medicare-covered immunizations.</p> <p>\$10 office visit copayment applies.</p>

Benefits chart – your covered services	What you must pay when you get these covered services
<p>Pap tests, pelvic exams, and clinical breast exam</p> <p>Covered services include, but aren't limited to, the following:</p> <ul style="list-style-type: none"> For all women, Pap tests, pelvic exams, and clinical breast exams are covered once every 12 months If you are at high risk of cancer, Pap tests, pelvic exams and clinical breast exams are covered more frequently when ordered by a plan provider 	<p>There is no copayment for Pap smears, pelvic exams and clinical breast exams.</p> <p>\$10 office visit copayment applies.</p>
<p>Prostate cancer screening exams</p> <p>For men age 50 and older, covered services include the following - once every 12 months:</p> <ul style="list-style-type: none"> Digital rectal exam Prostate Specific Antigen (PSA) test 	<p>There is no copayment for digital rectal exams or PSA tests.</p> <p>\$10 office visit copayment applies.</p>
<p>Cardiovascular disease testing</p> <p>Blood tests as needed for the detection of cardiovascular disease (or abnormalities associated with an elevated risk of cardiovascular disease).</p>	<p>There is no copayment for Medicare-covered cardiovascular screening blood tests.</p> <p>\$10 office visit copayment applies.</p>
<p>Physical exams</p> <p>Includes routine physical exams for the prevention and detection of disease. Services may include measurement of height, weight, body mass index and blood pressure; end-of-life planning, an electrocardiogram; education, counseling and referral with respect to covered screening and preventive services. Doesn't include lab tests.</p> <p>Note: See "Outpatient diagnostic tests and therapeutic services and supplies" for coverage of labs and X-rays.</p>	<p>You pay a \$10 copayment for each routine physical exam.</p>
<p>Prescription Drugs</p> <p>Medicare Part B Prescription Drugs</p> <p>These drugs are covered under Part B of the Original Medicare Plan. Members of our plan receive coverage for these drugs through our plan.</p>	<p>There is no copayment for drugs that are administered by a health care professional.</p> <p>\$10 office visit copayment applies.</p> <p>For prescription drugs that are covered under Original Medicare you pay:</p>

Benefits chart – your covered services	What you must pay when you get these covered services
<p><i>Medicare Part B Prescription Drugs, continued</i></p> <p>Covered drugs include:</p> <ul style="list-style-type: none"> • Drugs that usually aren't self-administered by the patient and are injected while you are getting physician services • Drugs you take using durable medical equipment (such as nebulizers) that was authorized by the plan • Clotting factors you give yourself by injection if you have hemophilia. • Immunosuppressive drugs, if you were enrolled in Medicare A at the time of the organ transplant • Injectable osteoporosis drugs, if you are homebound, have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis, and cannot self-administer the drug • Antigens • Certain oral anti-cancer drugs and anti-nausea drugs • Certain drugs for home dialysis, including heparin, the antidote for heparin when medically necessary, topical anesthetics, erythropoiesis-stimulating agents (such as Epogen[®], Procrit[®], Epoetin Alfa, Aranesp[®] or Darbepoetin Alfa) • Intravenous Immune Globulin for the home treatment of primary immune deficiency diseases 	<p><i>Retail pharmacy:</i></p> <p>Tier 1: \$10 copayment for up to a 30-day supply; \$20 copayment for up to a 60-day supply; \$30 copayment for up to a 90-day supply</p> <p>Tier 2: \$20 copayment for up to a 30-day supply; \$40 copayment for up to a 60-day supply; \$60 copayment for up to a 90-day supply</p> <p>Tier 3: \$40 copayment for up to a 30-day supply; \$80 copayment for up to a 60-day supply; \$120 copayment for up to a 90-day supply</p> <p><i>Mail-order pharmacy:</i></p> <p>Tier 1: \$10 copayment for up to a 30-day supply; \$20 copayment for up to a 60-day supply; \$20 copayment for up to a 90-day supply</p> <p>Tier 2: \$20 copayment for up to a 30-day supply; \$40 copayment for up to a 60-day supply; \$40 copayment for up to a 90-day supply</p> <p>Tier 3: \$40 copayment for up to a 30-day supply; \$80 copayment for up to a 60-day supply; \$80 copayment for up to a 90-day supply</p> <p>There is no benefit limit on drugs covered under Original Medicare</p>

Benefits chart – your covered services	What you must pay when you get these covered services
<p><i>Medicare Part B Prescription Drugs, continued</i></p> <p>Section 2 explains the Part D prescription drug benefit, including rules you must follow to have prescriptions covered.</p>	<p>For prescription drugs that are covered under Fallon Senior Plan Premier you pay:</p> <p><i>Retail pharmacy:</i> Tier 1: \$10 copayment for up to a 30-day supply; \$20 copayment for up to a 60-day supply; \$30 copayment for up to a 90-day supply Tier 2: \$20 copayment for up to a 30-day supply; \$40 copayment for up to a 60-day supply; \$60 copayment for up to a 90-day supply Tier 3: \$40 copayment for up to a 30-day supply; \$80 copayment for up to a 60-day supply; \$120 copayment for up to a 90-day supply</p> <p><i>Mail-order pharmacy:</i> Tier 1: \$10 copayment for up to a 30-day supply; \$20 copayment for up to a 60-day supply; \$20 copayment for up to a 90-day supply Tier 2: \$20 copayment for up to a 30-day supply; \$40 copayment for up to a 60-day supply; \$40 copayment for up to a 90-day supply Tier 3: \$40 copayment for up to a 30-day supply; \$80 copayment for up to a 60-day supply; \$80 copayment for up to a 90-day supply</p>

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(TDD/TTY: 1-877-608-7677) or at www.fchp.org.

Benefits chart – your covered services	What you must pay when you get these covered services
<p>Health and wellness education programs</p> <ul style="list-style-type: none"> • SilverSneakers® Fitness Program – specialized classes focused on improving strength and flexibility, taught by certified SilverSneakers® fitness instructors at participating health clubs. • Weight Watchers® - members are eligible for one 12-consecutive-week membership, including registration fee, per calendar year. • <i>Healthy Communities</i> – published quarterly by Fallon Community Health Plan, our member magazine contains feature articles and information on plan-sponsored events, classes and programs. • Health education classes. Fees for these programs vary. • Nutritional training, smoking cessation. • Disease management services provided by Fallon Community Health Plan. • <i>Nurse Connect</i> – phone and online access to registered nurses and other health care professionals who serve as health coaches which is available 24 hours a day, seven days a week. <p>For more information on any of these health and wellness education programs, call Customer Service at the number on the cover of this booklet.</p>	<p>You pay:</p> <ul style="list-style-type: none"> - \$0 for SilverSneakers® Fitness Program - \$0 for Weight Watchers® - \$0 for <i>Healthy Communities</i> - \$0 to \$10 for health education classes - \$10 for nutritional training - \$0 smoking cessation - \$0 for disease management services - \$0 for <i>Nurse Connect</i>
<p>U.S. Travel Program</p> <p>There is unlimited coverage, and there are no referrals or authorizations required for certain services received from a provider that accepts Medicare when you are traveling in any State within the continental U.S. (including Hawaii and Alaska) except: Connecticut, District of Columbia, Delaware, Maine, Massachusetts, Maryland, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.</p> <p>Doctor Office Visits are covered excluding the following preventive services:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Bone-mass measurements • Colorectal screening • Immunizations 	<p>\$10 office visit copayment applies.</p> <p>Diagnostic Tests, X-Rays, and Lab Services are covered for routine services for the above mentioned copayment.</p>

Benefits chart – your covered services	What you must pay when you get these covered services
<p><i>U.S. Travel Program, continued</i></p> <ul style="list-style-type: none"> • Mammography screening • Pap tests, pelvic exams, and clinical breast exam • Prostate cancer screening exams • Cardiovascular disease testing • Physical exams <p>Chiropractic Services, Outpatient Mental Health Care, Outpatient Substance Abuse Care, Outpatient Rehabilitation Services, and Routine Vision and Hearing Services are not covered.</p> <p>Diagnostic Tests, X-Rays, and Lab Services are covered for routine services. This excludes the following services:</p> <ul style="list-style-type: none"> – Diagnostic radiological services for nuclear studies, CAT scans, PET scans, and MRIs – Therapeutic radiological services <p>All other services, except emergency or urgently needed care, or out-of-area dialysis services, must be given or arranged by a network provider.</p>	